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CONFIRMATION NO. 6187

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/585,036	05/04/2007 RULE	119	3643	800738-0009

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/EP04/14776 12/22/2004

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 04250073.6 01/08/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

06/02/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /DANIELLE A CLARKLEY/ Examiner's Signature			<input type="checkbox"/> Met after Allowance Initials	SWEDEN	2	20	2
Acknowledged							

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TITLE

Milking Method And Apparatus

FILING FEE RECEIVED 1250	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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